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TRANSMITTAL FORM		Application No. Filing Date First Named Inventor Group Art Unit Examiner Name	09/745,923 December 22, 2000 Jarvis C. Tou 2821 Not yet assigned	OLOGY CENTER 2800	ECEINED
Total Number of Pages in This Submis	ssion 3	Attorney Docket Number	42390P9432		
ENCL	OSURES (chec	k all that apply)			j
Fee Transmittal Form	Drawing(s)		After Allowance Cor to Group	mmunication	
Fee Attached	Licensing-	related Papers	Appeal Communica of Appeals and Inte		
Amendment / Response	Petition		Appeal Communica (Appeal Notice, Brie		
After Final Affidavits/declaration(s)	Petition to 9 Provisional	Convert a Application	Proprietary Informat	tion	
Extension of Time Request	Power of A Change of	ttorney, Revocation Correspondence Address	Status Letter Other Enclosure(s)		
Express Abandonment Request	Terminal D	Pisclaimer	Other Enclosure(s) (please identify belo	iw):	
Information Disclosure Statement	Request fo	r Refund	Return Reciept Pos	stcard.	
PTO/SB/08 Certified Copy of Priority Document(s)	CD, Numbe	er of CD(s)		-	
☐ Document(s) Response to Missing Parts/				ECE	
Incomplete Application Basic Filing Fee	Remarks			OLOGY	REC
Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53				AUG 20 2003	EIVED
SIGNATU	RE OF APPLICA	NT, ATTORNEY, OR AG	ENT	2800	
Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP					
Signature Signature					
Date August 15, 2003					
CERTIFICATE OF MAILING/TRANSMISSION					1

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

Date

August 15, 2003

Based on PTO/SB/21 (03-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/11/2003. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Derek S. Watson

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Typed or printed name

Signature

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FEE TRANSMITTAL	Complete if Known				
PEE I KANSIVII I AL	Application Number	09/745,923			
for FY 2003	Filing Date	December 22, 2000			
Effective 01/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Jarvis C. Tou			
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Not yet assigned			
	Group/Art Unit	2821			
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.	42390P9432			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None	3. ADDITIONAL FEES								
Deposit Account		e Entity	Sma	II Entity	,				
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Name Stations, Solidation, Taylor and The Commissioner is authorized to (check all that apply)	2053 1812	130 2,520	2053 1812	130 2,520	Non-English specification For filing a request for		nation		
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920	Requesting publication	on of SIR prior to			
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.2	20	4.040+		4.040	Examiner action	an of CID offer			
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to the above-identified deposit account	1251	110	2251	55	Extension for reply w	thin first month			
FEE CALCULATION	1252	410	2252	205	Extension for reply wi	ithin second month	1		
1. BASIC FILING FEE	1253	930	2253	465	Extension for reply w	,			
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1002 330 2002 165 Design filing fee	1402	320	2402	160	Filing a brief in suppo	ort of an appeal	8	-	70-
1003 520 2003 260 Plant filing fee	1403	280	2403	140	Request for oral hear	ring	0	AUG	m_
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		1,300	2501 2502	650	Utility issue fee (or re	eissue)	<u> </u>	2003	
2. EXTRA CLAIM FEES _{Extra} Fee from Claims below Fee Pai	1502 d 1503	470 630	2502	235 315	Design issue fee Plant issue fee				
Total Claims = =	1460	130	2460	130	Petitions to the Com	missioner	2800		
Independent Claims X X = =	1807	50	1807	50	Processing fee under		0		
Multiple Dependent	1806	180	1806	180	Submission of Inform		Stmt		
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Code (\$) Code (\$)	1809	750	1809	375	Filing a submission a (37 CFR § 1.129(a))	fter final rejection			
1202 18 2202 9 Claims in excess of 20	1810	750	2810	375	For each additional in	vention to be			
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple Dependent claim, if not paid					examined (37 CFR §				
1204 84 2204 42 **Reissue independent claims over original	1801	750	2801	375	Request for Continue	d Examination (RC	CE)		
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SUBTOTAL (2) (\$)		ed by Basic	: Filing F	ee Paid	l ;	SUBTOTAL (3)	Г	(\$)	
**or number previously paid, if greater, For Reissues, see below							<u> </u>		
SUBMITTED BY	- T =	eaistrati	on No	т.				applica	
Name (Print/Type) Gregory D. Caldwell		ttorney/Age			39,926	Telephone	(50		4-6200
Signature						Date		08/1	5/03